

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000013083

1. Entity Name
N.B.C. LEISURE, INC.



Principal Place of Business
**11700 SW 1ST ST #105
PEMBROKE PINES, FL 33025 US**

Mailing Address
**C/O PAUL KOPROWSKI
10031 PINES BLVD, STE 224
PEMBROKE PINES, FL 33024 US**



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0390385** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KOPROWSKI, PAUL A CPA
10031 PINES BLVD. STE. 224
PEMBROKE PINES, FL 33024**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **JACOBS, BARRY L**
STREET ADDRESS **11700 SW 1ST ST #105**
CITY- ST- ZIP **PEMBROKE PINES, FL 33025**

TITLE **V**
NAME **JACOBS, CLAUDIA**
STREET ADDRESS **11700 SW 1ST ST #105**
CITY- ST- ZIP **PEMBROKE PINES, FL 33025**

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000000528456
05/05/06-80039-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Claudia Jacobs **Claudia Jacobs** **4/18/06** **(954) 438-7114**